

Perceived Quality of Life of Single Mothers Living in Affordable Housing in Columbus, Ohio

Thesis

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Abstract

Quality of life (QOL) frameworks have been used in various human service fields to help facilitate development of policies and programs with goals to improve lives of individuals and communities. However, only few studies have used the QOL indicators to evaluate the low-income single mothers in affordable housing who have considerable challenges negotiating their work life and family life. Existing studies indicate that the QOL of single mothers varies based on personal characteristics like their age, income, education level, and employment status. Other factors such as length of time spent in public housing, apartment condition, and neighborhood characteristics are also considered to impact their QOL. The QOL is a multi-dimensional concept and includes variables like health condition, mental health status, financial stress, social support and general life satisfaction. This study explores the relationship between QOL indicators found in previous studies and environmental stressors of single mothers who live in affordable housing. A sample of single mothers was randomly selected from a subsidized housing community owned by Homeport called Marsh Run in Columbus, Ohio. To accommodate literacy levels, participants completed either a self-administered survey or in-person interview. A structured questionnaire was used to collect data, which included demographics, housing and neighborhood conditions, physical and mental health status, psychosocial measures, and economic and service utilization factors. The findings indicate that mothers' mental health is strongly correlated to overall life satisfaction- a proxy measure for QOL. It confirms that single mothers in affordable housing who reported higher education levels also stated having more perceived social support and higher levels of overall life satisfaction. Additionally, income, social support and financial strain were all found to correlate with a mother's perceived housing and neighborhood stress. These findings underscore the importance of increasing social support and mental health outreach to

reduce stress and improving the QOL of low-income single mothers. Findings also have implications for practice and policies for nonprofit sectors.

Dedication

I dedicate this thesis to my parents, Kathy and Bruce Carbonari, for their unwavering love, support and encouragement to always pursue my highest aspirations.

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Chapter 1: Statement of Research Topic

1.1 Introduction

An individual's place of residence or lack thereof, is essential in defining their quality of life. In the United States, housing is by far the largest expenditure category for average families (Bureau of Labor Statistics, 2010). The millions of families and individuals deemed financially burdened by the national poverty threshold are hard-pressed to find decent, affordable housing that meets their economic, environmental and social needs. Single mother households are even more susceptible to the economic hardship of providing for a family and caring for children. This disadvantage has financially isolated single mothers and made them a vulnerable population to the cycle of poverty. Today, there are more than 2.1 million recipients of the Section 8 Housing Choice Voucher program (HCV) and 48% of this total is comprised of female-headed householders (CBPP, 2011; HUD, 2008). In Columbus, Ohio there are 90,100 recipients of HCV, 52% of which are single mothers. Furthermore in 2009, 29.9 percent or 4.4 million female-headed households lived in poverty, which increased from 28.7 percent or 4.2 million in 2008 (U.S. Census Bureau, 2010).

In addition to facing housing challenges single mothers are typically regarded as a deviant population and typically social policies and programs have focused on discouraging out of wedlock births and encouraging marriage and patriarchal engagement (Garfinkel & McLanahan, 2003; Demo & Acock, 1996) as a solution to increasing overall quality of life (QOL). Social norms or ideation on the typical American family structure, i.e. two parent household, has excluded single mothers needs when discussing social policies for improving life of families. While the alarmingly high rate of single mothers in poverty has increased, there is still a great

void in the extent of research and its integration of findings into development of policy. Studies show that low-income single mothers are an underserved population who experience a disproportionately high rate of depression and stress, economic hardship, and a society largely adverse to their needs.

1.2 Statement of the Problem

Female headed householders, female householders or single mothers are interchangeable terms used to describe a non-cohabitating, never married, separated, divorced or widowed woman that lives with and supports at least one child under 18 years of age. (Cairney, Boyle, Offord & Racine, 2003). For the purpose of this study the term ‘single mothers’ will be used. Throughout the 20th century there has been a growing concern about the overwhelming number of single mothers living in affordable housing, largely a result of the feminization of poverty (Lessa, 2002). Feminization of poverty is used to describe the increasing percentage of poor female householders with children (Hoffman, 1992). According to U.S. Congress, female-headed households with children under 18 years of age are five times more likely to be living in poverty compared to their married counterparts (1996). In 2010, there were a reported 3.6 million married women living in poverty, which is nearly 1 million less than single women (U.S. Census, 2010). Married women are not only less likely to be living in poverty, but they also consistently report higher levels of subjective well-being than never married or previously married single mothers (Diener, Gohn, Suh & Oishi, 2000). Subjective well-being is one of the many predictors used to measure quality of life, which is often overlooked among low-income single mothers.

Conceptualizing quality of life (QOL) is difficult due to its complex, multidimensional nature, however its ambiguity may be the very reason it has gained political popularity in recent

years (Rogerson, 1995). Understanding, measuring and improving the human experience has been an interest of researchers, communities and governments since the beginning of policy implementation (Costanza, Fisher, Ali, Beer et al., 2007). Unlike Gross National Product, quality of life is able to measure the overall health and well-being of a nation's citizens (Pacione, 2003). There is growing evidence that high subjective well-being in a nation produces beneficial societal outcomes whereas lower self-reported well-being is associated with undesirable societal outcomes (Lyubomirsky, King & Diener, 2005). This information is beneficial for government officials because of the inherent value to citizens as well as positive effects for society as a whole (Diener, 2006). A quality of life assessment of single mothers living in low-income affordable housing would provide insight into just how well or unwell the government is meeting these mothers' needs.

1.3 Purpose of Study

The purpose of this study is to analyze the perceived quality of life of low-income single mothers living in affordable housing. Specifically this study will seek to determine which demographic variables (such as age, race, number of children, education, income, etc) are correlated to general life satisfaction. And to determine which psychosocial, health, economic and environmental variables (housing condition, mental health, physical health, social support, and financial strain) are correlated to general life satisfaction. The study will also seek to understand what factors (age, education, income, mental health, social support and financial strain) influences housing and neighborhood stress for single mothers in affordable housing.

1.4 Research Questions

1. What personal characteristics influence a single mothers life satisfaction?
2. What psychosocial, health, economic and environmental indicators influence a single mothers life satisfaction?

3. What factors (age, education, income, mental health, social support and financial strain) influence a single mother's rating of her housing and neighborhood stress?

Chapter 2: Literature Review

2.1 Low-Income Single Mothers

Prior to the mid-1980s all Americans regardless of socioeconomic status married at similar rates (Edin & Reed, 2005). By the early 1980's poor women were about three-quarters as likely to marry compared to their wealthier counterpart (McLaughlin & Lichter, 1997; Edin & Reed, 2005). Today, low-income men and women are roughly half as likely to marry compared to individuals with incomes three or more times the poverty level (Trends, 2002; Edin & Reed, 2005). An obvious consequence to decreasing marriage rates among poor individuals is out of wedlock births. A census study conducted in 2003 found roughly 75 percent of low-income woman aged twenty-five and older have had a child outside of marriage, compared to 5 percent of women who are not considered low-income (U.S. Census Bureau, 2003). It is generally recognized that single mothers are more susceptible to and remain in poverty because of the economic constraints they face trying to balance childcare and sole financial responsibility of the family (Pearce, 1986).

Female-headed households have a higher episodic poverty rate (51.8%), higher chronic poverty rate (9.7%) and longer average poverty spell (6.4 months) than individuals in two-parent households (U.S. Census Bureau, 2011). Researchers have documented a number of reasons for the disproportionately high poverty rate among single mothers, but most notably is economic vulnerability with respect to mother's age, lack of education, and increased unemployment or working low-wage jobs with few-benefits (Mather, 2010). Over half of low-income single mothers (52 percent) are under the age of 34 in comparison to 38 percent of higher-income single mothers (Mather, 2010). Sixty one percent of low-income single mothers have not attended college, in comparison to roughly 40 percent of higher-income single mothers (Mather, 2010).

And low-income single mothers are more than twice as likely to be unemployed or not in the work force compared to single mothers with a higher-income (Mather, 2010). Single mothers face serious barriers and challenges to maintaining the same financial security their married counterparts experience. The rise in single mother households in poverty is forcing policymakers and the American population to reconsider their concept of family structure and create a more conducive environment to meet the unique needs and challenges of single parent families.

2.2 Affordable Housing

The U.S. Department of Housing and Urban Development (HUD) is the largest administer of federal aid to State and local levels for construction, maintenance and advancement of low-income affordable housing. The qualifying criteria for affordable housing is that the tenant's monthly housing costs, including a utility allowance, do not exceed the applicable rent limit. These limits are based on a percentage of area median income, as adjusted by unit size. The rents cannot exceed local market limits and the tenant should not be paying more than 30 percent of their household income on housing (HUD, 2013). It has been found that households whom pay more than 30 percent on their income on housing costs typically struggle meeting other basic needs such as food, clothing, transportation and medical care (HUD, 2013). According to HUD a household with one-full time worker earning minimum wage cannot afford market-rate rent for a two-bedroom apartment anywhere in the United States and approximately 12 million renting and homeowner households now pay more than 50 percent of their annual income on housing (2013).

Low Income Housing Tax Credit (LIHTC) is the largest federal funded affordable housing program in the United States. In 1986, HUD partnered with the U.S. Treasury Department and the Internal Revenue Service (IRS) to create a program that would encourage the private market

to invest in affordable rental housing (HUD, 2013). Qualified developers are able to sell credits to investors to raise capital on their properties, consequently reducing the debt that would normally accrue and allowing developers to offer affordable units with lower rent to tenants (HUD, 2013). LIHTC income eligibility differs from other HUD programs because eligibility is based upon the area median income (AMI) established by HUD in each county (Furman Center, 2012).

LIHTC developers are required to have a certain percentage of “extremely low-income,” “very low-income” and “low-income” tenants, whereas public housing tenants or section 8 voucher recipients are majority “extremely low-income.” (Furman Center, 2012). The rules differ based on the project funded, for example: 20-50 rule: At least 20 percent of the units must be rent restricted and occupied by households with incomes at or below 50 percent of the HUD-determined Area Median Income (adjusted for household size); and 40-60 Rule: At least 40 percent of the units must be rent restricted and occupied by households with incomes at or below 60 percent of the HUD-determined Area Median Income (adjusted for household size). LIHTC has higher income eligibility limits resulting in more affordability for different ranges of low-income households. Since its inception in 1986, the LIHTC program has developed 1.8 million affordable housing units in the United States and annually supports 95,000 jobs and produces roughly \$2.7 billion in local, state and federal revenue (HUD, 2013).

Individuals or households go through an application process to live in LIHTC housing and must have a gross income below the area median income for their particular county. Housing Choice Voucher recipients are also eligible to live in LIHTC housing under Section 42 of the Internal

Revenue Code (Williamson, 2011 & HUD, 2013). HUD administers the Housing Choice Voucher Program to eligible very low-income families, elderly or the disabled to receive a housing voucher to choose any housing unit that meets the requirements of the program and is not required to live in a Section 8 Housing Project-Based building (HUD, 2013). Housing Choice Voucher recipients pay 30% of their income to rent, however if their rent is adjusted to their income and in many occasions a recipients has an income of zero and therefore a rent of zero (HUD, 2013). In one study analyzing over 35,000 LIHTC units, Williamson found that vouchers are used in 18.5% of LIHTC housing communities (2011). In general, most LIHTC communities have a significant amount of Housing Choice Voucher tenants (HUD, 2013).

Despite LIHTC's expansive history and role in U.S. housing policy most of the existing literature examines how the programs works and its key challenges rather than its actual performance (Cummings & DiPasquale, 1999; McClure, 2000; Schwartz & Melendez, 2008; Deng, 2010). The LIHTC program has been criticized for promoting the centralization of poverty and segregation, which the program initially intended to stop (Muralidhara, 2006). Additionally several studies have analyzed the neighborhood characteristics and spatial patterns of LIHTC housing communities. Generally the research concludes LIHTC housing communities may not be providing residents with access to neighborhood opportunity and diversity (Moelis Institute for Affordable Housing Policy, 2011). Housing Choice Voucher holders tend to locate in clusters with other households in their income bracket barring mixed-income housing (Patterson & Yoo, 2012); however the program has been successful at spatially developing LIHTC housing communities not in high-poverty areas (Oakley, 2008). This is largely due to developing LIHTC housing in suburban areas (Oakley, 2008)

Existing research on LIHTC residents indicate households of affordable housing units continue to be economically burdened and struggle meeting their basic needs (Williamson, 2011; Popkin, 2008). Additionally, research suggests LIHTC tenants experience lower cost burden than households of similar incomes, but higher cost burden than other HUD tenants (Moelis Institute for Affordable Housing Policy, 2011). A study conducted by the Moelis Institute for Affordable Housing Policy found that 70 percent of extremely low-income households in LIHTC housing receive some form of additional rental assistance (2012). The available literature implies LIHTC tenants struggle financially despite their residence in affordable housing. This information points to an uncertainty in the affordability of affordable housing in the United States.

2.3 Affordable Housing for Single Mothers

Affordable, safe, and decent housing is probably the greatest issue facing female-headed householders (Laux & Cook, 1994; Bruin & Cook, 1997). Current research argues that female headed households have different housing needs than two-parent or male-headed households because of multiple role demands placed on these mothers (Laux & Cook, 1994; Wasylshyn & Johnson, 1998). Female householders are expected to be the sole financial provider and prominent childcare provider in their family, whereas single fathers are expected to receive outside assistance for childcare duties (Cook & Bruin, 1994). The intersection of these roles puts single mothers at an economic disadvantage, which then places them in a weak position in the housing market (Mimura, 2008). According to a study conducted by Cook, Bruin & Crull, 37 percent of single mothers were found to be homeowners, a percentage considerably lower than that of the general population (2000). Majority of single mothers were found to rent, as oppose to own or mortgage, their place of residence (Cook et. al, 2000). In 2008, 48% of Housing Choice

Voucher (HCV) recipients were female-headed householders, which is nearly half of the recipient population (HUD, 2012). The median length of stay in affordable housing for single-parent households is 2.8 years (Cortes et. al, 2008).

There are disproportionately high numbers of minority female householders living in affordable housing (Popkin, 2008). One of the major concerns with concentration of poverty can largely be attributed to racial segregation in public and affordable housing, most notably the segregation of black single mothers (Popkin, 2008). Black households (both male and female) average length of stay in the HCV program is 51 percent longer than White households, and Hispanics average length of stay is 28 percent longer than Whites (Cortez et. al, 2008). In cities with high Black population, 20 percent of single mothers were deemed as lived in inadequate housing, described as serious problems with plumbing, heating, electricity and maintenance, compared to 14.7 percent in cities with low black population (Cook et. al, 2000). In summary, the profile of a typical female headed householder in affordable housing is in black, in her early twenties, has more than one child, remains in the programs for more than a year and runs a high chance of living in inadequate housing.

2.4 Quality of Life Framework

Generally speaking, quality of life is represented by how well human needs are met or unmet and how well an individual perceives his or her satisfaction with various life domains (Costanza et al., 2007). Researchers have concluded that two basic components comprise quality of life: objective indicators and subjective indicators (Das, 2008). Objective indicators represent factual condition and overt behavior (Das, 2008). Objective information, e.g. educational level, can be

obtained without a personal evaluation from the respondent (Costanza et al., 2007). Subjective well-being, on the other hand, represents all the types of evaluations, both positive and negative, individuals make about their lives (Diener, 2006). Subjective indicators therefore measure attitude (Das, 2008). The foundation for subjective well-being concludes that in order to understand the well-being of an individual, it is necessary to measure his/her cognitive and affective reactions to life circumstances (Das, 2008). A typical quality of life measurement uses both objective and subjective indicators to acquire a well-rounded assessment.

2.5 Single Mothers and Quality of Life

Researchers agree that the economic and social conditions of single mothers result in a variety of stressors that contributed to high levels of psychological distress and clinical depression in single mothers (Davies, Avison, and McAlpine, 1997). Historically, reports find that single mothers feel isolated, overstressed, lack access to public and social resources, and generally have lower subjective well-being ratings than non-single mothers (Bruin & Cook, 1997; Ifcher & Zarghamee 2010; Herbst, 2010). Compared with married women, single women consistently report being not as happy and experience greater stress, anxiety, depression and physical health problems (Coombs, 1991; Ross, Mirowsky & Goldsteen, 1990, Demo & Acock, 1996). Additionally, low-income populations typically reside in the most economically disadvantaged neighborhoods that have few employment opportunities, low-quality schools, low-quality or sometimes inadequate housing, fewer recreational activities, and access to fewer consumer resources (Cutrona et. al, 2005).

Single mothers have been found to be particularly disadvantaged socially, economically and psychologically, however there is a considerable void in published studies measuring the entire entity of quality of life for single mothers living in affordable housing. This study will examine the correlation of quality of life indicators (housing and neighborhood condition, mental health, physical health, social support and financial strain) with overall general life satisfaction.

Additionally, this study will look at the correlation between demographics characteristics that have been identified as significant contributors to QOL of low-income single-mothers and general life satisfaction. General life satisfaction will be used as a proxy measure for quality of life.

a. Housing and Neighborhood Condition

It is easily arguable to claim housing directly relates to ones well-being and stability and consequently, socioeconomic status (Shaw, 2004). Public health scholars continually find that housing is linked to physical and mental health and poor housing is strongly linked to disproportionate morbidity, mortality and mental illness (Shaw, 2004). Neighborhood poverty and social disorder have been identified as determinants for the onset of depression in African American women (Cutrona, Russell, Brown, et. al, 2005). Studies examining neighborhood and feeling unsafe and often threatened in their neighborhood, which in turn correlates to reported lower levels of life satisfaction (Ross & Mirowsky, 2001). Neighborhood factors are a large determinant of an individual's QOL and the environment in which low-income single mothers reside directly affects their health and overall well-being. It is crucial for this study to thoroughly address the neighborhood satisfaction and housing condition of single mother participants in order to appropriately assess their quality of life ratings.

b. Mental Health

Single mothers experience poorer mental health than partnered mothers typically due to economic hardship and perceived lack of social support (Crosier, Butterworth & Rodgers, 2007). Additionally a study in Australia found roughly 45% of single mothers experienced a common mental health disorder in the past year compared to 23.6% of partnered mothers (Butterworth, 2004). Single mothers are spread thin to financially and socially compensate for an absent partner. Consequently, single mothers are a vulnerable population to major depression disorder (Broussard, 2010). Existing literature examining the root cause and affect of mental health problems among single mothers is quite extensive. However, little research has been conducted examining the role of mental health on a low-income single mother's perception of her housing and neighborhood condition. This study will seek to address this void.

c. Physical Health

The disproportionately high rate of stress experienced by single mothers has been shown to negatively affect their physical health (Quickfall, 2007). For example, low-income single mothers are more likely to experience diabetes, hypertension and obesity, joint pain and psoriasis (Broussard, 2010). Additionally, food insecurity and lack of available supermarkets, fresh produce and a nutritious diet are associated with a low-income woman's poor physical health (Broussard, 2010). Financial hardship also plays a significant role in the poor physical health of low-income single mothers. Research indicates single mothers often lack access to health insurance or have inadequate insurance, which in turn explains low reports of regular dental and doctor check-ups (Broussard, 2010). Physical health has been shown to correlate to one housing

and neighborhood condition, particularly with individuals living in poverty. Poor neighborhoods are often isolated devoid of easy access to medical facilities and in food deserts lacking available nutritious food (Broussard, 2010). Additionally, female residents in poor neighborhood reported occasionally feeling threatened or unsafe in their neighborhood leading to less participation in physical activities outdoors (Caspi, Kawachi, Subramanian, et. al, 2013). A sedentary life indoors contributes to an increase in the amount of television being watched and consumption of “junk” food (Bashir, 2002). Children of low-income families experience disproportionately high rates of asthma, malnutrition, stunted growth, accidents and injury with household goods or appliances and health related problems associated with roach and rodent infestation due to their place of residence (Bashir, 2002). Although more rare nowadays, lead poisoning is also a health concern of families residing in low-income housing (Bashir, 2002). Physical health has shown to directly relate to one’s housing and neighborhood condition, however physical health has also been shown to be a predictor of QOL, therefore it will be included in this study.

d. Social Support

Marital status is a strong predictor of a mother’s perceived social support (Mandara, Johnston, Murray, et. al, 2008). Spousal-based social support has shown to reduce feeling of social isolation and hopelessness, which are typically associated with poverty (Mandara, et. al, 2008). According to a study conducted by Cairney, et. al, unwed mothers report less contact with family and friends, were less socially involved in their community and perceived less social support than their married counterpart (2003). Furthermore, research indicates a correlation between lack of social support and poor emotional health and self-esteem, which has been found to associate with perceived life satisfaction (Mandara, et. al, 2008). There is little available

research on the correlation between social support and housing and neighborhood stress among low-income single mothers. This study will examine the role of social support in a mother's perception of her housing and neighborhood stress.

e. Financial Strain

Poverty is thought to be the foundation for potentially devastating effects on single mothers and their children (Quickfall, 1999). Financial strain may be the overriding factor contributing to a single mother's poor mental health, physical health, housing and neighborhood condition and overall perceived quality of life (Crosier, Butterworth and Rodgers, 2007). All mothers in this study meet an income eligibility requirement to live in affordable housing. We know that all participants in the study are economically burdened and research shows the risk factors associated with poverty and deprivation, especially for single mothers (Mandara, et. al, 2008; Quickfall, 2009). This study will examine to what extent low-income single mothers experience financial strain in terms of meeting basic needs, i.e. food, paying bills, etc.

g. Demographic Variables

Research consistently indicates a mother's age, income, education and employment are strongly associated with her psychological well-being and self-esteem thus relating to her perceived life satisfaction (Mandara, et. al, 2008). There are differing views on the relationship between age and life satisfaction, but almost all researchers conclude that there is a significant correlation (Ree & Alessie, 2010). Most of the literature found a *U* shaped relationship between life satisfaction and age, this is represented by a general decrease to midlife and then increase towards retirement (Ree & Alessie, 2010). The majority of literature agrees employed

individuals have higher reported subjective well-being and overall quality of life (Chang & Yen, 2011). This can largely be accounted for the increase in income associated with employment. Employment is largely attributed to educational attainment. In almost all studies conducted on the relationship of education and life satisfaction, a positive correlation has been found (Caron, 2011). According to Demo and Acock, employed mothers have a reported slightly lower self-esteem, yet significantly lower reports of depression than unemployed mothers (1996). Mothers who are employed many hours a week, however, report higher self-esteem and lower incidence of depression (Demo & Acock, 1996). Demo and Acock's study also found that income is positively associated with self-esteem, however a mother's educational attainment is an even greater indicator of positive self-esteem and lower incidence of depression (1996). It is clear that these three variables have some influence in determining mental health of mothers, which is an indicator of quality of life.

The number and age of a single mother's children are also important factors in understanding her life satisfaction. Considering a child's age is important in understanding how dependent the child(ren) is on the mother and the level of strain she may be experiencing. Infants require the most time and attention than any other age of children but they do not cause the higher role strain that parenting pre-teen or teenagers does (Jackson, 1993). Likewise, the number of children a mother has and the number of children living in the home is associated with more financial strain and stress (Hope, Power & Rodgers, 1999). The number of children, number of children living in the home and the age of a mother's youngest child were included in demographic variables to further understand the role strain associated with these factors.

The length of time a mother has spent in affordable housing will potentially provide insight into her (dis)satisfaction with the affordable housing program. The median length of stay in affordable housing for single-parent households is 2.8 years (Cortes et. al, 2008). Most of the single-mothers leaving public housing have teenagers (as opposed to young children) and have fewer children than women remaining in public housing (Cortes et. al, 2008). These findings show a correlation between age and number of children in relation to length of stay in public housing. A woman that stays in affordable housing can be assumed to be satisfied with her living condition and a woman who leaves affordable housing can be assumed dissatisfied (Cortes et. al, 2008). Length of time therefore, has a significant impact in determining a mother's QOL. The number of times a woman and her family move within public housing also has a relationship to her (dis)satisfaction with public housing and was included in this study.

f. General Life Satisfaction

Due to the multidimensional nature of quality of life, many times proxy measures are used to subjectively assess an individual's quality of life. In this study, general life satisfaction will be used as a proxy measure for quality of life. Shin and Johnson developed the original definition of life satisfaction as "a global assessment of a person's quality of life according to his chosen criteria" (1978). In order to determine satisfaction an individual must compare their circumstance with what is thought to be an appropriate standard (Diener, Emmons, Larsen et. al, 1985). The comparison is a subjective assessment and reflects what the individual believes internally, it is not externally imposed (Diener, et. al, 1985). Life satisfaction was chosen as the proxy measure for QOL because measures of life satisfaction create an overall picture of an individual's

perceived well-being, which then enhances the evaluation of various other objective and subjective indicators.

Chapter 3: Methodology

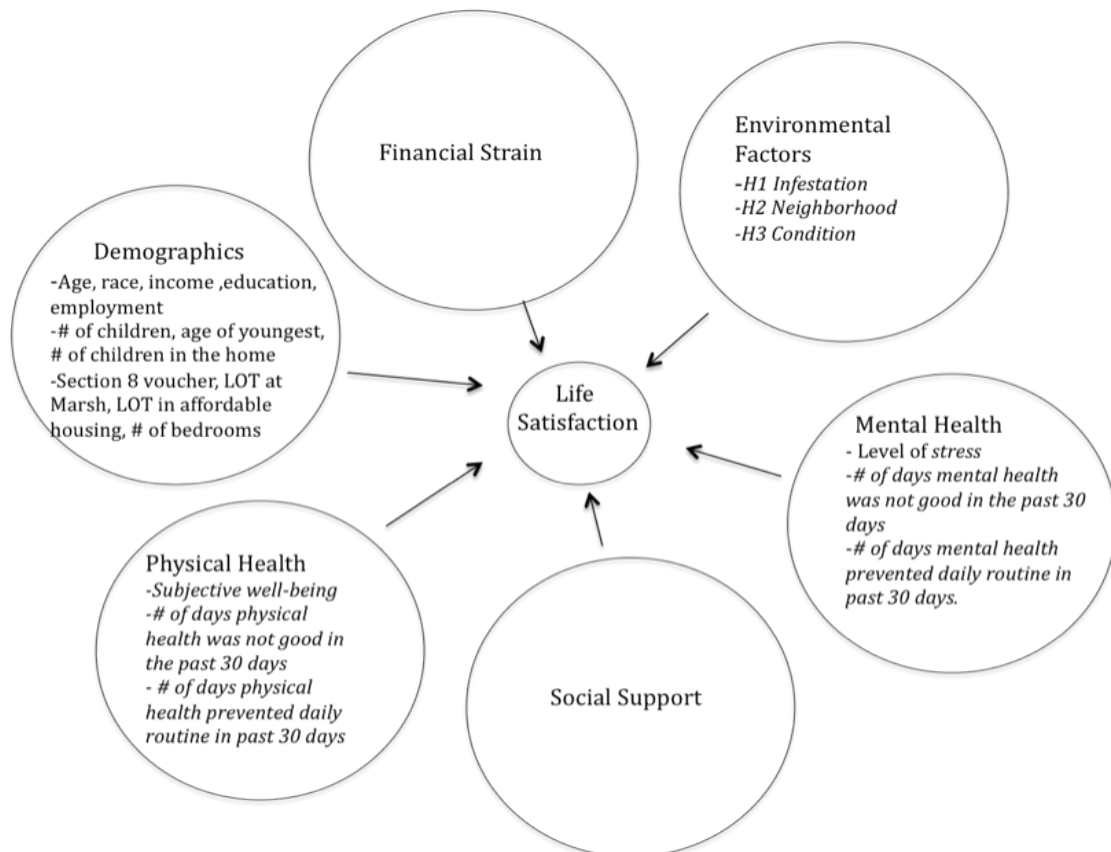
This section first discusses the conceptual framework used to select the variables for answering the research questions raised in this study, followed by an explanation of the research design, data collection procedure, and sampling plan and procedure. A detailed description of the definitions and measures of the variables used in this study is also provided. Furthermore, a brief description of the data analysis procedure used to answer the three main research questions are highlighted.

3.1 Conceptual Framework

Based on the existing literature and research a number of preexisting QOL indicators suggested by previous authors were included. As shown in Figure 1., authors suggest that, QOL indicators consist of five categories or dimensions, i.e., financial strain, environmental factors, mental health, social support and physical health. This conceptual model illustrates the relationship between indicators of QOL, and life satisfaction. It is predicted that higher the financial strain experienced by a single mother the more likely it will impact their rating of life satisfaction. Environmental factors such as type of neighborhood where one lives and the condition of the house will influence the level of satisfaction of mothers. It is also assumed that one's physical health and mental health can influence how one rates their WOL or satisfaction with life. Studies also indicate that availability of social support in one's life acts as a protective factor for the person who is going through hardship in life. The assumption is that when one has family and friends to support them i.e. provide financial, emotional or instrumental support, the likelihood of overcoming hardship the person is going through as well as increase their ability to be more satisfied with life in general. These psycho-social factors are considered to be an important dimension of QOL and therefore included in this model. The framework below, illustrates the

relationship between life satisfaction and QOL indicators. In this study, life satisfaction is used as a proxy measure for quality of life. The relationship between each of the psycho-social-environmental factors and life satisfaction is tested in this study.

Figure 1. Quality of Life Measures

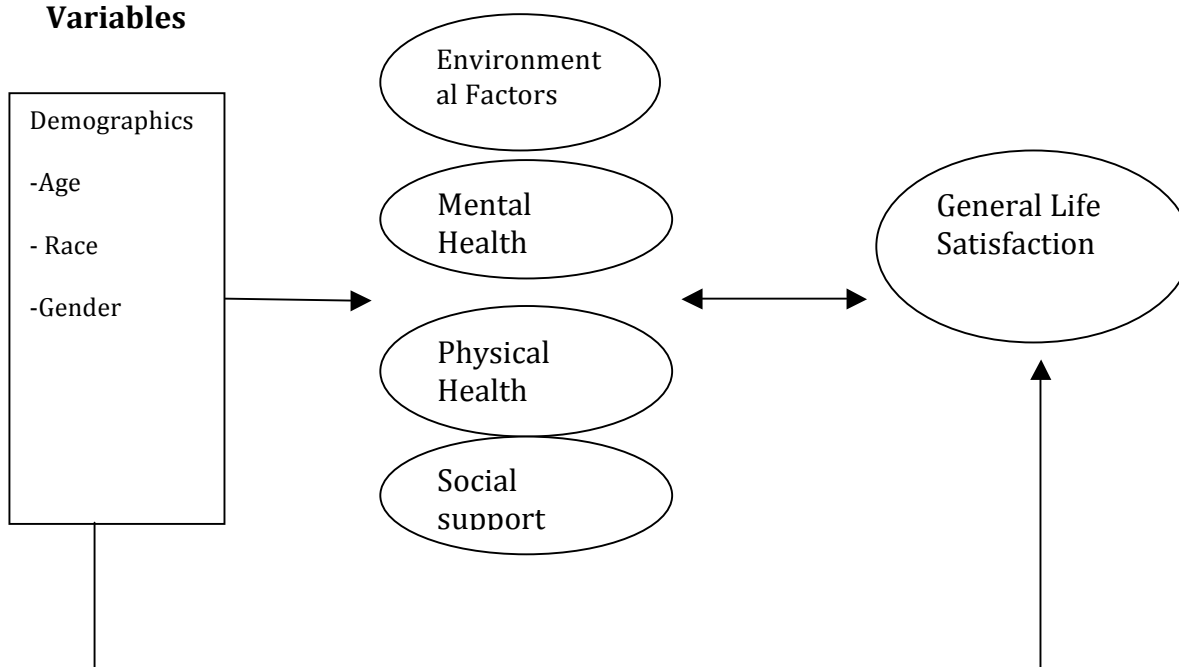


3.2 Research Design

A cross-sectional design was used to examine the relationship between demographics and rating of various indicators of quality of life by single mothers. Data was collected at one-point in time from single mothers living in affordable housing. This research aimed at describing the psycho-social and economic factors associated with the overall life experiences of the mothers, which was considered the proxy measure for QOL. In addition, this study also explored the direct relationship between the demographics and overall rating with life satisfaction. The diagram below depicts the relationship between the select independent variables and the major dependent variable which was tested in this study. This study utilized pre-existing scales to measure respondents of the quality of life. Information was gathered from mothers either through a face-to-face interview or self-administered questionnaires.

The following graph illustrates the relationship between the independent variables and the major dependent variables to answer the three research questions.

Figure 2. Relationship Between Independent Variables and Major Dependent Variables



3.3 Data Collection Procedures

This study solely focused on unmarried, non-cohabitating mothers with children under eighteen years of age who were residing in affordable housing. To increase the participant pool, grandmothers, foster mothers, stepmothers, and adoptive mothers that have been living with a child full-time for at least 6 months were included in the study. The initial screening question asked if the participant was a single mother as described by someone who is not married, not living with a male or female partner and has at least one child under 18 living in the home. If a woman did not meet these criteria she was not included as a participant in the study.

The data was collected at Marsh Run housing community in southeast Columbus, OH. Marsh Run is a LIHTC housing community privately owned by Homeport and managed by a third party property management company. The property managers are responsible for maintenance of the building, rent collection, providing potential new residents with tours of the property, the application process and various other needs of the property and its residents. Homeport oversees the service and programs for residents at Marsh Run and deploys a social worker for coordination of supportive service in pursuit of improving the quality of life of this community.

A number of methods were used to recruit participants for the study. Homeport publishes a monthly newsletter and an advertisement about the study was placed in it. The advertisement included a brief information summary of the purpose of the study, who is eligible to participate, when and where interviews will be held and who to contact (see Appendix A). The same flyer was posted around the rental office and passed out to every resident. The study was also announced at community events held at Marsh Run for the residents.

Data was collected from early January throughout February of 2013, through a combination of face-to-face interviews and self-administration. These two data collection methods were utilized in order to increase participation in the survey. All face-to-face interviews were conducted in the rental office at Marsh, which was a neutral space and provided privacy and a safe setting free from distractions. On average the interviews took 15-20 minutes. Self-administered questionnaires allowed participants to answer intimate questions in the privacy of their home without an allotted time. The participants who self-administered questionnaires took approximately 30-35 minutes to complete the survey. Participants were screened to meet the requirements for the study prior to interviewing and before given the self-administered questionnaire. The questions were designed to meet eighth grade literacy level and was piloted for comprehension and readability. All participants were informed of the risk factors pertaining to the types of questions that were included in the survey. There was some risks for emotional well-being specifically questions on economic stressors, environmental conditions and health condition. Assessing one's overall quality of life had potential for raising emotional distress. Participants were informed of the potential distress and given phone numbers of counseling sites where they could call if needed.

Participants were also informed that once they gave consent to participate in the survey they would be entered into a drawing for one of four \$25 Kroger gift cards regardless if they completed the questionnaire. To be included in the drawing each participant had to share her name and address, which was explicitly made optional. Names and addresses were not documented on participant's questionnaire in order to ensure confidentiality. At the completion

of the survey, Homeport staff helped in the drawing of names of four participants who then received the Kroger gift cards. The gift cards were distributed to the recipients' home address by the student investigator in early March.

3.4 Sample

The sample from this study was selected from single mothers residing in Marsh Run housing community. This site is comprised of 184 two- three- and four- bedroom apartments and townhomes. As of January 2013, 167 units at Marsh were occupied and roughly 70 percent of residents are single mothers. The goal was to interview a sample of 50 participants, which was just under half of the estimated single mother population at Marsh. Initially the plan was to randomly select participants for this study, but during the course of data collection it became obvious that not only access to single mothers at Marsh was difficult, but also the ability to identify their residents was impossible. At the start of data collection, the student randomly knocked on every other apartment door in the community to ask if single mothers would be interested in the study. Approximately 30 single mothers responded to this strategy and 15 agreed to participate from this pool. The other participants were recruited from advertisements in the newsletter or at community events. A total of 21 single mothers completed the survey. This is roughly 60 percent less than the expected number. The reasons for low number of responses can be attributed to a general mistrust of the system and lack of socialization in research surveys among the sample. Additionally the student investigator was a not a member of the community consequently residents were hesitant to consent to the study.

3.5 Measures

Independent Variables: Eight independent variables were included in this study to help describe the study sample and to answer the first research question. The first research question assesses

the relationship between the characteristics of the respondent and level of life satisfaction. A copy of the questionnaire can be found in Appendix B.

- 1.) Age was measured as an open-ended question to solicit the actual age of the respondent.
- 2.) Race and ethnicity is hard to conceptually define because it is less objective than other variables, therefore this study used the measures proposed by previous studies on affordable housing. These studies use five categories of race/ethnicity: White non-Hispanic, Hispanic, Black non-Hispanic, Asian and other. This study included a category for Somali, as Columbus has the second-largest Somali refugee population in the country (Community Research Partners, 2009). Besides, a significant number of Somali residents live in housing communities provided by Homeport. The respondents were asked to check one of the categories.
- 3.) *Information on children: three questions were included to gather information on number of children, age of children and where children live.* The initial question about the respondent's children simply asks "How many children do you have?" Followed by three questions to clarify more information about her children. Respondents were asked to indicate the age of youngest child by asking an open-ended question, "What is the age of your youngest born child?" Respondents were asked to quantify how many children live with them in an open-ended question, "How many children live with you? Followed by "How many children live with others (spouse, relatives, foster parents, etc.)?" and then asked "What are some of the reasons for you children under 18 not living with you?"

- 4.) Education level is defined as the mother's highest level of completed schooling.

Education level was a categorical variable with responses, less than 8th grade, high school incomplete, high school diploma or GED, some college (1-3 years-associate degree), bachelor's degree (BA/BS), or master's degree. The respondents were asked to check the most appropriate education level that applied to them.

- 5.) Employment status is defined as an individual's participation (or exclusion) in the U.S. labor force which measured by the number of hours worked and the hourly payment or monthly salary. Employment status was measured using two questions, first the respondents were asked to indicate whether they were currently employed. If they answered 'yes' then a follow-up questions was asked as to the actual number of hours a week they worked. For the purpose of the analysis, the mother's who indicated working less than 30 hours a week were considered as employed 'part-time'; and those who stated working more than 31 hours a week were considered employed 'full-time.'

- 6.) Household income is defined as the combined gross income of all members of a household who are 15 years old and above (Investopedia, 2012). For the purpose of this study, annual household income was measured on a \$5,000 interval scale.

Mothers were asked to define their household income on a scale of responses ranging from less than \$5,000 to more than \$25,000.

- 7.) Housing Status- housing status of respondents included three variables: use of Section 8 voucher, length of time in current apartment and total number of years as a recipient of affordable housing: a) LIHTC housing typically has both Section 8 voucher tenants and non-voucher tenants. For Section 8 tenants, the monthly rent is adjusted more

significant than other tenants to meet the need criteria. It is important to identify if a mother has a Section 8 voucher because it could potentially affect her economic burden. Section 8 Voucher is defined as having a Public Housing Authority (PHA) administered Section 8 Housing Choice Voucher. Each respondent was asked to answer 'yes' or 'no' to the question, "Do you have a Section 8 voucher?"

b). Respondents were also asked to indicate the length of time they had lived in their current housing community and in affordable housing in general. Length of time is defined by the actual number of years and/or months the respondent along with her children has lived in their current apartment. This was measured by using an open-ended question, "How long have you and your family lived in Marsh Run?" The responses were later used in the analysis as an interval level variable. c) Length of time in affordable housing is defined as the actual number of years the mother and her children have lived in affordable housing. The respondents were asked the question, "What is the total number of years you have lived in affordable housing including Marsh?" The responses were used as an interval level variable in the analysis.

8.) Household size - is defined as the number of individuals that permanently live in a home together. Household size was measured by asking respondents to state the actual number of people who permanently reside in their home. The responses to this question were used as an interval level variable in the analysis.

Dependent Variables

The dependent variable in this study is quality of life. Both objective and subjective indicators were used to measure quality of life. The QOL was measured using five main dimensions: environmental variables, mental health, physical health, social support and financial

stress. Pre-existing scales measuring each of these dimensions were used for this study.

Whenever deemed appropriate minor modifications were made to the existing scale. The variables under each of the five dimensions of dependent variables are defined as follows:

- 1.) *Housing and Neighborhood Stress*: Green, Kouassi, Venkatachalam, and Daniel conducted a study on the impact of housing stressors on the mental health of low-income African-Americans (2011). The authors composed a scale to measure housing mental health and this study utilized that scale. Housing mental health is described as an individual's reaction to housing conditions and situations that potentially cause stress (Green et. al, 2011). The scale is a 13-item Likert scale with responses to the items ranging from "1" representing "not at all" to "7" representing "to a great extent." Respondents were asked to identify the level of stress they felt for each of the 13 items. Based on factor analysis of the 13 items, the items measured three distinct aspects of housing; stress related to infestation, stress related to neighborhood safety and stress related to the condition of their home. For example, items on the housing condition included; the condition of the building the respondent resides in, the condition of their apartment, the number of bedrooms, heating and cooling in the home and plumbing system. Examples of infestation included items on being stressed because of rodents, roaches, bed bugs, etc. Examples of neighborhood safety include items on security in their neighborhood and crime in their neighborhood. These items were found to properly assess a tenants rating of their housing and neighborhood satisfaction (Green et. al, 2011). The higher each respondent's score on the item, the worse they perceive their neighborhood and housing conditions.

- 2.) General mental health was defined as the, is general psychological well-being of the mother (Green et. al, 2011). This study used Green and associates, 8-item general mental health scale to determine each mother's emotional well-being. The items emphasis is on depression and stress. The items asks mothers to indicate the extent to which they have the following problems: concentrating, sleeping, feeling sad, being nervous, being emotionally upset, depression, being worried, feeling helpless. The response categories ranges from "1" representing "not at all" to "7" representing "to a great extent." The higher each respondent's score on the overall cumulative score, the worse their general mental well-being.
- 3.) Physical health was measured using the CDC's Healthy Days Core Module (CDC HRQOL-4) (CDC, 2012) plus two additional about comparative health. The CDC scale is composed of 4 general health related questions. The first question asks respondents to rate their general health on a scale from poor (1) to excellent (5). The second questions asks respondents to reflect on their physical health and list the number of days in the past month that their physical health was not good. The interview simply writes down the number of days reported by respondents as being ill (ranging from 0-31). The third question uses the same scale and asks respondents how many times in the past month they experienced days where their mental health was not good. Mental heath includes, stress, depression and problems with emotions (CDC, 2012). Their answers are expected to range from 0-31. The final question asks how many days in the past month did poor physical and mental health keep you from doing usual activities such as self-care, work, or recreation? (CDC, 2012). The higher a mother's total score is the poorer she perceives her overall health. Two additional

subjective assessments of the health were included. Respondents were asked to compare their physical health with the past five years and then to compare their current health with others their age. The two questions are as follows, “Is your health better now, about the same or worse than it was five years ago?” and “Compared to other people your age, would you say your health has been much better, better, about the same, worse or much worse over the past year?” These questions were asked to observe consistency in responses between the objective and subjective measure.

- 4.) *Social support* is based on the respondents perceived social network which is measured through the likelihood of having interaction or access to friends within the building of residence, a confidant or someone to go to in an emergency, someone to ask advice and someone that makes them feel loved (Cairney et al., 2003). Cutrona and Russell developed a Social Provisions Scale (1987) to examine the degree to which each respondent perceived their social support through various dimensions. Melanie Quickfall shortened the Social Provisions Scale to specifically relate to the social support of single mothers (1999). This study utilized Quickfall’s abbreviated 6-item Social Provisions Scale. The responses to the items range from “1” representing strongly agree to “4” representing strongly disagree. Higher scores on the cumulative items indicate more social support (Quickfall, 1999). The items included the following statements: If something went wrong, no one would help me; I have family and friend who help me; There is someone I can turn to for advice, There is no one I feel comfortable talking about problems with; I lack a feeling of intimacy with another person; and There are people I can count on in an emergency.

5.) *Financial stress* is described as the extent to which one experiences financial difficulty in their life. In Melanie Quickfall's dissertation entitled "Single mothers, income, and health: An analysis of risk and protective factors", she uses a 3-item true or false scale to measure a single mother's financial stress. This study used the 3 item scale developed by Quickfall (1999). The items on the scale are as follows:

'Sometimes we didn't have enough money for our food and daily living expenses,'
'We've had to go to a food bank', and 'We have not been able to pay all of our bills.'

Responses to the items were coded 'True (1)' or 'False (2).' The range of scores is 3-6 and higher scores represent less financial stress.

As previously stated general life satisfaction was used as a proxy measure for quality of life in this study. Overall general life satisfaction was measured using Diener, Emmons, Larsen, and Griffin's Satisfaction with Life Scale, SWLS (1985). Instead of summing across each respondents satisfaction with various domains, this scale asks each respondent their overall evaluation of their life (Diener et. al, 1985). The scale is comprised of 5 questions that are scored from 1 to 4 so the range for scores is from 5 (low satisfaction) to 20 (high satisfaction). SWLS items such as, in most ways my life is close to my ideal, the conditions of my life are excellent, I am satisfied with my life, so far I have gotten the important things I want in life, and if I could live my life over I would change almost nothing, are a mixture of negative and positive affect items.

3.6 Data Analysis

Concluding data collection, the raw data was coded and scanned for missing responses then transferred to SPSS software for analysis. A combination of univariate and bivariate analysis were undertaken. Univariate statistics such as frequencies and percentages were used to describe the study sample. To answer the major research questions required testing relationships between the independent and dependent variables statistics such as correlations, crosstabs, and chi-squares. Frequencies were also used to describe scales and scores obtained. Correlation matrices were used to further understand the relationship between general life satisfaction and demographics, psychosocial, health and economic and housing and neighborhood condition, respectively. Finally, crosstabs and chi-squares were used to compare housing and neighborhood stress with a number of variables thought to influence QOL and housing satisfaction. Whenever appropriate cumulative scores were created for scales prior to running the statistics to assess relationship between demographics and the various indicators of QOL. Given the small sample size the significance statistics should be interpreted with caution, as at times more than 15 percent of the cells had below 5 cases.

Chapter 4: Findings

4.1 Characteristics of Sample

There were 21 single mother respondents for the study. Majority of the women (85.7%) identified their race/ethnicity to be Black Non-Hispanic. One respondent identified as White Non-Hispanic and 2 (9.5%) identified as other, listing their race/ethnicity as Indian-White/Black and African (Libyan and Ghanaian) respectively. The age of respondents ranged from 21-60 years, with the mean age being 35.5 years. The majority of the respondents (57.1%) were over the age of 30. One respondent was 60 years old and she was a grandmother with full custody of her grandson. She was the only participant who was not the 1st generation or biological mother of her children. The mean number of children each mother had was 2.9, just above the national average. The number of children ranged from 1-5. The age of youngest children in the family ranged from 2 weeks to 16 years old. The mean age of the youngest child was 6.5 years old and almost a quarter (23.8%) of respondents had a child less than 1 year of age. Only one mother reported three of her children living with others, specifically with foster parents as they were removed by child protective services. All other respondents had all of their children living with them or had children over 18 years of age that no longer lived at home. See Table 1.

All respondents reported having at least some high school education. Five respondents (23.8%) reported they attended high school but did not get their diploma and do not have a GED. Seven women (33.3%) reported having their high school diploma or GED and seven women (33.3%) described having some college education (1-3 years - associates degree). Two respondents (9.5%) have a bachelor's degree and one woman reported having post high school training in logistics. Majority of respondents (66.6%) are currently not employed while 7 mothers (33.3%)

reported having employment. The majority of respondents (52.4%) also reported an annual household income of less than \$5,000. Four women (19.0%) stated having an annual income of \$5,001-\$10,000 and two women (9.5%) said their annual income was \$10,001-\$15,000. No respondents indicated their income was between \$15,001-\$20,000, but 4 women stated their annual income was between \$20,001-\$25,000. No women reported an annual household income above \$25,000. See Table 1.

A high majority of respondents (76.2%) stated they currently have a Section 8 Housing Choice Voucher, while 5 women (23.8%) stated they did not. The length of time each woman has lived at Marsh Run ranged from 1 week to 13 years. The mean length of time at Marsh Run was just over 2 years (26.2 months). Totals years each respondents reported living in affordable housing including their time at Marsh Run ranged from 1-30 years. The mean length of time in affordable housing was 8.5 years. Several woman indicated living in affordable housing their entire lives. The total number of people living in each home ranged from 2-6 with the mean averaging 3.6 people. Similarly, the mean number of bedrooms reported by the respondents was 3.1 and ranged from two- four bedrooms. See Table 1.

Table 1. Characteristics of Sample (n=21)

Variable	Category	Frequency (%)
Age of Mother (years)	Mean = 35.5	Range = 21-60
Race	White Non-Hispanic Black Non-Hispanic Other	1 (4.8%) 18 (85.7%) 2 (9.5%)
# of children	Mean = 2.9	Range = 1-5
Age of youngest child	Mean = 77.7 months	Range = 0-192 m
Children living w/ mother	Mean = 2.71	Range = 1-5
Children not living w/ mother	Mean = .06	Range = 0-1
Educational Level	Less than 8 th grade High school incomplete High school diploma or GED Some college Bachelor's degree	0 5 (23.8%) 7 (33.3%) 7 (33.3%) 2 (9.5%)
Currently employed	Yes No	7 (33.3%) 14 (66.6%)
Annual household income	Less than \$5,000 \$5,001-\$10,000 \$10,001-\$15,000 \$15,001-\$20,000 \$20,001-25,000	11 (52.4%) 4 (19.0%) 2 (9.5%) 0 4 (19.0%)
Section 8 voucher	Yes No	16 (76.2%) 5 (23.8%)
Length of time at Marsh Run	Mean = 29.2 months	Range = 0.4 -156m
Years lived in affordable housing	Mean = 8.5 years	Range = 1- 30 yrs
Number of people in household	Mean = 3.6	Range = 2-6
Number of bedrooms	Mean = 3.1	Range = 2-4

4.2 General Life Satisfaction

a. Demographics

This study used general life satisfaction as a proxy measure for quality of life. General life satisfaction was measured using a 5-item scale that asks individuals to evaluate their life by strongly agreeing, agreeing, disagreeing or strongly disagree with each statement. The range for scores is from 5 (low satisfaction) to 20 (high satisfaction), however the range from this study was from 5 to 14, which indicates that level of satisfaction with life was low to moderate. The mean score was 10.5 and the standard deviation was 2.54. This shows variability in responses between those who had very low satisfaction and those who were highly satisfied.

To further understand what personal characteristics influence a respondents rating of her general life satisfaction, demographic variables were correlated to general life satisfaction. The following variables are categorical; race/ethnicity (0=minority, 1=non-minority), education (0=H.S. diploma, GED or less, 1=more than H.S. degree, including some college and college grad), currently employed (0=yes, 1=no), and Section 8 Housing Voucher (0=yes, 1=no). The remaining variables are continuous measures; age, number of children, age of youngest child, number of children in the home, number of children not living in the home, income, length of time at Marsh Run, length of time in affordable housing, number of people permanently living in the home, number of bedrooms.

None of the correlation between demographic variables and general life satisfaction were found to be significant with the exception to age of youngest child ($r = -.452$, $p < .05$), education level ($r = .476$, $p < .05$) and the number of people permanently living in the home ($r = .471$, $p < .05$) (see Table 2 below). Participants with higher education levels rated their general life satisfaction better than those with lower education levels. Similarly, participants who had more

support at home rated their general life satisfaction higher than those with fewer household members. Age of the respondents' youngest child negatively correlated to their life satisfaction, suggesting that a woman with older children (above the age of 5 years) rated her life satisfaction poorer than a woman with a child less than 5 years of age.

Table 2. Correlation between Demographic Variables and General Life Satisfaction

	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.
1. General life satisfaction	- .041	.193	.364	- .251	.400	- .071	.476*	.014	.045	-.062	.139	.134	.471*	.367
2. Age	---	.132	.080	.415	-.088	.376	.050	- .510*	.397	.128	.262	.133	-.265	.043
3. Race		---	.142	- .419	-.071	.390	-.007	.134	-.049	-.106	.388	-.190	-.062	.162
4. # of Children			---	- .141	.845**	.399	.412	-.241	.227	-.381	-.114	.085	.741**	.728**
5. Age of youngest child				---	-.149	.098	.063	.036	.006	.090	-.028	.125	-.215	-.204
6. # of children living w/ mother					---	- .156	.564**	-.326	.400	-.322	-.394	-.065	.838**	.642**
7. # of children living w/ others						---	-.340	.158	-.292	-.200	.697**	.418	-.103	.337
8. Level of education							---	-.108	.139	-.291	-.166	.087	.598**	.298
9. Employment								---	-.863**	-.316	.115	-.048	-.149	-.142
10. Annual Income									---	.389	-.148	-.150	.170	.158
11. Section 8 Voucher										---	.200	.086	-.108	-.270
12. Length of time at Marsh Run											---	.629* *	-.113	.296
13. Length of time in affordable housing												---	.248	.465**
14. # of people permanently living in the home													---	.660**

b. Psychosocial, Health and Economic Variables

To answer the second research question the relationship between general life satisfaction and psychosocial, health and economic variables was analyzed. The variables within the scales, assessed each mother's financial strain, mental health, social support and subjective well-being. In addition to mental health and subjective well-being, the mothers were asked to evaluate how many days in the past 30 days their physical and mental health, respectively, were not good and then how many days in the past 30 days their physical and mental health, respectively, prevented them from doing their daily routine.

Financial strain was measured using a 3-item true or false scale. True represents "1" and false represents "2." Higher scores represent lower financial strain. The possible range of scores was 3-6, however in this study answers only ranged from 3-5. No participant answered false to all three questions, indicating some level of financial strain experienced by all participants. Financial strain was scored from 1-4 (76.2%) representing extreme financial strain and 5 and above (23.8%) representing moderate financial strain. Mental health was measured using a 6-item stress and depression scale. The scores from range 1, "not at all" to 7, "to a great extent." The higher a respondents score, the lower her mental health rating. The possible range in scores was 6-42. The mean and standard deviation were 18.9 and 12.1 respectively. The scale was divided into "good" mental health score of 15 and below (57.1%) and "poor" mental health score, above 15 (42.9%). A little less than half of the respondents had reported having mental health problems in this sample.

Social support was measured using the abbreviated 6-item Social Provisions Scale. The question range in score from "1" representing strongly agree to "4" representing strongly disagree. Higher

scores indicate more social support. Possible scores ranged from 6 to 24, however in this study scores ranged from 10-24 indicating that no participant experienced extreme levels of social isolation. The mean and standard deviation were 18.7 and 3.5 respectively. Respondents were considered to have good or adequate social support if their score was above 18 (52.4%) and were considered to have poor social support if their score was 18 or below (47.6%). Findings suggest that a little less than half of the mothers did not have any social support.

General life satisfaction was found to be highly correlated with the three measures of mental health, i.e., stress ($r = -.95, p < .01$), number of days mental health was not good in the past 30 days ($r = -.680, p < .001$) and number of days mental health prevented daily routine in the past 30 days ($r = -.624, p < .01$) (see Table 3 below). The higher a participant perceived having mental health problems the more likely she rated lower life satisfaction. Similarly, the amount of perceived social support seems to be highly correlated to stress ($r = -.564, p < .01$), number of days mental health was not good in the past 30 days ($r = -.591, p < .01$), number of days mental health prevented daily routine in the past 30 days ($r = -.706, p < .001$) and financial strain ($r = .465, p < .05$) (see Table 3 below). The lower a participant rated her social support, the higher the reporting of mental health issues and financial strain. A significant correlation also existed between social support and subjective wellbeing ($r = -.465, p < .05$), number of days physical health was not good in the past 30 days ($r = -.482, p < .05$) and number of days physical health prevented daily routine in the past 30 days ($r = -.544, p < .05$) (see Table 3 below). The lower a participant rated her social support, the higher her physical health problems.

Table 3. Correlation between Psychosocial, Health and Economic Variables and General Life Satisfaction

	2.	3.	4.	5.	6.	7.	8.	9.
1. General Life Satisfaction	.127	-.595**	-.680**	-.624**	.400	-.268	-.409	-.384
2. Financial Strain	---	-.309	-.226	-.194	.465*	-.166	-.087	-.064
3. Level of stress		---	.821**	.578**	-.564**	.505*	.494*	.599*
4. # of days mental health was not good			---	.634**	-.591**	.308	.360	.377
5. # of days mental health prevented daily routine				---	-.706**	.362	.770**	.763**
6. Social support					---	-.465*	-.482*	-.544*
7. Subjective well-being						---	.576**	.553**
8. # of days physical health was not good in the past 30 days							---	.883**
9. # of days physical health prevented daily routine in past 30 days								---

c. Housing and Neighborhood Condition

Lastly, general life satisfaction was correlated to housing and neighborhood condition. The level of stress experienced by mothers in their home and neighborhood was assessed using an 11-item scale. Three sub-scales were constructed to measure the various dimensions of the housing scale: H1= infestation, H2= neighborhood, and H3= condition. H1 and H2 consisted of 3 questions and H3 consisted of 5 questions. H1 infestation asked about rodents, roaches and bed bugs in the home, H2 neighborhood asked about security, crime and general stress related to the neighborhood, and H3 condition asked about the condition of the home, number of bedroom, cooling, heating, and plumbing. The respondents were asked to rate the level of stress they experienced relating to each statement. The statements were assessed using a scale ranging from

1 (not at all) to 7 (to a great extent). The total scores for H1 and H2 ranged from 3 to 21, while H3 ranged from 5 to 35.

The mean and standard deviation for H1 infestation were 6.8 and 6.2 respectively. H1 was scored from 9 and under (no stress) and 10 and above (stress). N=17 (81%) experienced no stress with infestation in their home, while n=4 (19%) experienced stress dealing with infestation in their home. The mean and standard deviation for H2 Neighborhood were 10.7 and 6.1 respectively. H2 was scored from 9 and under (no stress) and 10 and above (stress). N=9 (42.9%) experienced no stress related to the neighborhood they live in, while majority of respondents, n=12 (57.1%) experienced stressed related to their neighborhood. The mean and standard deviation for H3 Condition were 11.6 and 6.5 respectively. H3 was scored from 12 and under (no stress) to 13 and over (stress). By a small amount, the majority of respondents n=11 (52.4%) found no stress relating to the condition of their home, but n=10 (47.6%) were found to experience stress relating to the condition of their home.

The correlation between housing and neighborhood condition and general life satisfaction (see Table 4 below) found H3 condition was statistically significant ($r=-.452$, $p<.05$). Women who reported experiencing no stress in regards to the condition of their home, rated their life satisfaction higher. Interestingly, the majority of respondents reported experiencing stress related to the neighborhood they live in (n=12, 57.1%), however there was no significant correlation between H2 Neighborhood and their overall life satisfaction.

Table 4. Correlation between Housing and Neighborhood Condition and General Life Satisfaction

	2.	3.	4.
1. General Life Satisfaction	.028	-.093	-.452*
2. H1Infestation	---	.449*	.449*
3. H2Neighborhood		---	.319
4. H3Condition			---

Housing and Neighborhood Condition

As previously explained, stress relating to housing and neighborhood condition was assessed in three different dimension; H1infestation, H2neighborhood and H3condition. Of the 21 participants, 17 (81%) experienced no stress with rodents in their home, compared to 4 (19%) who reported experiencing stress (see Table 5 below). Approximately, two thirds of the participants (66.7%) experienced stress relating to roaches in their home while one third (33.3%) experienced no stress with roaches (see Table 5 below). Sixteen respondents (76.2%) reported no stress dealing with bed bugs in their home and five respondents (23.8%) reported experiences stress related to bed bugs. In general, the majority of participants did not report stress relating to infestation in their homes.

Table 5. Perceived Stress Related to H1: Infestation

Stress related to...	No Stress		Stress	
	n	%	n	%
Rodents in the home	17	81.0	4	19.0
Roaches in the home	14	66.7	7	33.3
Bed Bugs in the home	16	76.2	5	23.8

The second dimension analyzed was H2: Neighborhood. H2 asks respondents about the stress they experience in regards to their neighborhood, the security and its crime. Out of 21 participants, just over half (n=11, 52.4%) reported experiencing no stress relating to the neighborhood they live in, while just under half (n=10, 47.6%) reported the neighborhood they live in causes them stress (see Table 6 below). In relation to security in their community, 10 participants (47.6%) found no stress, compared to 11 participants (52.4%) who found security in their neighborhood to be a stressor. Lastly, 12 participants (57.1%) found no stress regarding crime in their community, while 9 participants (42.9%) experienced stress with the crime in their community. Generally speaking, the number of participants who found H2 variables stressful and not stressful was divided very closely. In only one case, security in the community, more participants rated experiencing stress than not experiencing stress (see Table 6 below).

Table 6: Perceived Stress Related to H2: Neighborhood

Stress related to...	No Stress		Stress	
	n	%	n	%
The neighborhood you live in	11	52.4	10	47.6
Security in your community	10	47.6	11	52.4
Crime in your community	12	57.1	9	42.9

The last dimension of housing and neighborhood stress was the condition of the respondents' home. Respondents were asked to rate the level of stress they experienced relating to five statements about condition. Of the 21 participants, 11(52.4%) found no stress regarding the overall condition of their home, while 10 (47.6%) reported experiencing stress (see Table 7 below). Eighteen (85.7%) respondents indicated they experience no stress in regards to the

number of bedrooms in their home in comparison to 3 (14.3%) respondents who reported experiencing stress with the number of bedrooms in their home. Over half (n=13, 61.9%) of the participants reported no stress heating their home in the winter, while 7 (39.1%) indicated they experience stress heating their home. Seventeen (81%) respondents said they experienced no stress cooling their home in the summer compared with 4 (19.0%) who found difficultly cooling their home in the summer. Lastly, respondents were asked to rate the level of stress they experience regarding the plumbing in their home. Out of 21 participants, just over half or 11(52.4%) found no stress with the plumbing in their home while 10 (47.6%) participants reported experiencing stress regarding plumbing.

In summary, the final dimension of housing and neighborhood stress asked respondents to report their level of stress relating to a number of statements about the condition of their home. The vast majority of the respondents found no stress regarding the number of bedrooms in their home and cooling their home in the summer. A small majority experienced no stress heating their home in the winter. Respondents' experience of stress and no stress were dividing almost evenly in regards to the overall condition of their home and the adequacy of plumbing in their home.

Table 7. Perceived Stress Related to H3: Condition

Stress related to...	No Stress		Stress	
	n	%	n	%
Condition of home	11	52.4	10	47.6
Adequacy of bedrooms	18	85.7	3	14.3
Heating your home when it is cold	13	61.9	7	39.1
Cooling your home when it is hot	17	81.0	4	19.0
Adequacy of Plumbing	11	52.4	10	47.6

To address the final research question, a chi-square was performed between housing and neighborhood stress and age, education, annual income, mental health, social support and financial strain, respectively. As previously stated, housing and neighborhood stress was measured in three dimensions, H1Infestation, H2Neighborhood and H3Condition. H1 and H2 were scored from 9 and under (no stress) and 10 and above (stress). H3 was scored from 12 and under (no stress) to 13 and over (stress). The first factor, age was divided into respondents 30 years and younger (N=9, 42.9%) and respondents over the age of 30 (N=12, 57.1%). A chi-square test was performed and no relationship was found between H1infestation and age, $X^2(1, N=21) = 0.64, p = .42$, H2Neighborhood and age, $X^2(1, N=21) = 0.02, p = .90$ and H3Condition $X^2(1, N=21) = 0.06, p = .80$ (see Table 8 below). Age is not a predictor of how single mothers perceive their neighborhood and housing condition.

Table 8. Crosstabulation between Age and Housing and Neighborhood Stress

Housing and Neighborhood Stress		% Under 30yrs	% Over 30yrs	X^2	p
H1	No problem	88.9	75.0	0.643	NS
	Problem	11.1	25.0		
H2	No problem	44.4	41.7	0.016	NS
	Problem	55.6	58.3		
H3	No problem	55.6	50.0	0.064	NS
	Problem	44.4	50.0		

*df=1; more than 25% of the cells had less than 5 responses.

Education was recoded into respondents with a high school diploma, GED or less (N=12, 57.1%) and those with more education than a high school degree (N=9, 42.9%). A chi-square test was

performed between education and the three housing variables. There was no relationship was found between mothers level of education and their perception of the housing condition, infestation and neighborhood safety. It seems a single mother's education level is not a good predictor of how they perceive their housing and neighborhood stress.

Table 9. Crosstabulation between Education and Housing and Neighborhood Stress

Housing and Neighborhood Stress		% with H.S. diploma, GED or less	% with more education than H.S. degree (some college or BA/BS)	X ²	p
H1	No problem	91.7	66.7	2.085	NS
	Problem	8.3	33.3		
H2	No problem	41.7	44.4	0.016	NS
	Problem	58.3	55.6		
H3	No problem	41.7	66.7	1.289	NS
	Problem	58.3	33.3		

*df=1; more than 50% of the cells had less than 5 responses.

Annual household income was divided into respondents who had an annual household income below \$5,000 (N=11, 52.4%) and above \$5,001 annually (N=10, 47.6%). A chi-square test was performed and a relationship was found between H1Infestation and income, $X^2(1, N=21) = 5.44$, $p = .02$. Every respondent with an annual income less than \$5,000 (100%) indicated they experienced no stress relating to infestation in their home, while only 60% of respondents with an income over \$5,001 annually experienced no stress relating to infestation in their home. Just under half of the respondents with an annual income greater than \$5,001 (40%) reported experiencing stress-relating infestation. Therefore annual household income of single mothers was found to be a predictor influencing their perception of infestation in the home.

A chi-test was performed and no relationship was found between income and H2Neighborhood and H3Condition. Interestingly, annual household income was not found to be a predictor influencing a single mother's perception of her neighborhood and housing condition, income only influenced perception of infestation.

Table 10. Crosstabulation between Annual Household Income and Housing and Neighborhood Stress

Housing and Neighborhood Stress		% With Income less than \$5,000 annually	% With Income more than \$5,001 annually	X ²	p
H1	No problem	100.0	60.0	5.435	.05
	Problem	0.0	40.0		
H2	No problem	54.5	30.0	1.289	NS
	Problem	45.5	70.0		
H3	No problem	63.6	40.0	1.173	NS
	Problem	36.4	60.0		

*df=1; More than 50% of the cells have less than 5 responses.

Subjective mental health of participants was assessed with a 6-item scale to determine each mother's emotional well-being, with emphasis on depression and stress. The scores from range 1, "not at all" to 7, "to a great extent." The higher a respondents score, the lower her mental health rating. The possible range in scores was 6-42. The scale was divided into "good" mental health score of 15 and below (57.1%) and "poor" mental health score, above 15 (42.9%). A chi-square test was performed and surprisingly, no relationship was found between mental health and perception of H1Infestation, H2Neighborhood and H3Neighborhood. Overall this study found

that single mothers mental health status does not influence their perception of housing and neighborhood stress.

Table 11. Crosstabulation between Mental Health Problems and Housing and Neighborhood Stress

Housing and Neighborhood Stress		% With Perceived Mental Health Problems	% Without Perceived Mental Health Problems	X ²	p
H1	No problem	75.0	88.9	.0643	NS
	Problem	25.0	11.1		
H2	No problem	33.3	55.6	1.037	NS
	Problem	66.7	44.4		
H3	No problem	58.3	44.4	.398	NS
	Problem	41.7	55.6		

*df=1; more than 50% of the cells had less than 5 responses

Social support was measured using the abbreviated 6-item Social Provisions Scale. The question range in score from “1” representing strongly agree to “4” representing strongly disagree. Higher scores indicate more social support. Respondents were considered to have good or adequate social support if their score was above 18 (52.4%) and were considered to have poor social support if their score was 18 or below (47.6%). A chi-square test was performed and no relationship was found between social support and two of the variables on housing, i.e. H1 and H2 (see Table 12 below). A chi-square test was performed between H3Condition and social support, $X^2(1, N=21) = 3.84$, $p=.05$ and significant relationship was found. Majority of participants who had “good” social support (72.7%) did not experience stress regarding the condition of their home, however majority of participants with “poor” social support (70%)

experienced stress regarding the condition of their home. Findings suggest perceived social support influences how a mother perceives her housing condition, but social support is not a predictor of how she perceives infestation or her neighborhood.

Table 12. Crosstabulation between Perceived Social Support and Housing and Neighborhood Stress

Housing and Neighborhood Stress		% With Perceived Social Support	% Lacking Perceived Social Support	X ²	p
H1	No problem	81.8	80.0	.011	NS
	Problem	18.2	20.0		
H2	No problem	36.4	50.0	.398	NS
	Problem	63.6	50.0		
H3	No problem	72.7	30.0	3.84	.05
	Problem	27.3	70.0		

*df=1; more than 50% of the cells have less than 5 responses.

Financial strain was measured using a 3-item true or false scale. Financial strain was scored from 1-4 (76.2%) representing extreme financial strain and 5 and above (23.8%) representing moderate financial strain. A chi-square test was performed and no relationship was found between financial strain and H1Infestation and H2Neighborhood. However, a significant relationship was found between H3Condition and financial strain, $X^2(1, N=21) = 5.97, p=.02$. All participant who experienced moderate financial strain (100%) found no problem with the condition of their home, while only 37.5% of those deemed extremely financially strained experienced no problem with the condition of their home. Majority of respondents experiencing extreme financial strain (62.5%) reported the condition of their home to be a problem. This study found financial strain is not a predictor of how a single mother perceives her neighborhood or

infestation in her home, but it is a predictor of how a single mother perceives the condition of her home.

Table 13. Crosstabulation between Financial Strain and Housing and Neighborhood Stress

Housing and Neighborhood Stress		% Unable to Meet Financial Needs	% Able to Meet Financial Needs	X ²	p
H1	No problem	75.0	100.0	1.55	NS
	Problem	25.0	0.0		
H2	No problem	43.8	40.0	.022	NS
	Problem	56.2	60.0		
H3	No problem	37.5	100.0	5.97	.05
	Problem	62.5	0.0		

*df=1; more than 50% of the cells had less than 5 responses.

4.4 Homeport Services

Homeport is a privately run nonprofit that develops and sustains affordable housing communities in Columbus, OH. One of the apartment communities Homeport owns is Marsh Run. Homeport provides supportive service coordination to Marsh residents in the form of after-school programming 4 days a week for kids aged 5-15 years, a social worker on site at Marsh once a week and additionally available by phone to make referrals, community conversations and leadership institutes to engage residents, and a variety of other events focused on community building. The after-school program is run by Homeport through AmeriCorps service members. The program is available to any Marsh resident aged 5-15 years, however their parent or guardian must register them. The program includes structured tutoring and homework help, arts and crafts and dinner served every evening Monday-Thursday during the school year. The social worker on site at Marsh typically makes referrals or provides residents with linkages to resources

they need. Rent and utility assistance are among the more commonly referred services, however Homeport advertises a variety of services and will attempt to assist resident's with any needs or requests. A commonly utilized program sponsored by Homeport during the holiday season is called Winter Wishes. To participate in the program, Homeport residents donate two hours of their time volunteering in the community in exchange for a gift of their choosing for each of their children. Additionally, Homeport works in collaboration with the Furniture Bank of Central Ohio and can provide a referral for residents who are in need of furniture to access this service. A Furniture Bank referral includes a home assessment by the social worker and \$65 money order for delivery fee.

The final portion of the questionnaire asked participants of their knowledge and utilization of Homeport services. First, respondents were asked if they were aware Homeport provides services to residents (such as, referrals for late rent and utility assistance, after-school programming, Winter Wishes, etc.). If respondents answered no, they could skip to the final two questions of the survey. If they answered yes, they were asked to check yes or no to indicate which services listed they had used. The list included, referral for late rent assistance, referral for utility assistance, referral for food assistance, Winter Wishes, after-school program at Marsh, Furniture Bank and other, with a space to indicate what additional service was used. This was followed by two open ended questions; "What other services would you recommend that could be useful to you and your family? Please list" and "What additional suggestions/comments do you have to improve your quality of life at Marsh?"

As illustrated in Table 14, of the 21 total participants, less than half $n=10$ (47.6%) were aware Homeport provides services to residents. Of the 10 participants aware of Homeport services, 9 had actually utilized such services (see Table 15 below). The most commonly

accessed service was the Winter Wishes holiday gift program (n=8, 88.8%) closely followed by the after-school program at Marsh (n=7, 77.7%). Surprisingly, only 1 (11.1%) respondent reported accessing a referral for rental assistance and 1 (11.1%) reported accessing the Furniture Bank service. One respondent (11.1%) checked that she had used an “other” service provided and described that as food distributed by AmeriCorps members in the rental office at Marsh. All of the nine respondents (100%) rated the service they used to be “very helpful”, on scale ranging from 1=“no help at all”, 2=“somewhat helpful” and 3=“very helpful.”

Table 14. Respondents Awareness of Homeport Services

	n	%
Aware Homeport Provides Supportive Services to Residents	10	47.6
Unaware Homeport Provides Supportive Services to Residents	11	52.4

Table 15. Utilization of Homeport Services

Services Utilized	Yes n(%)	No n(%)
Referral for late rent assistance	1 (11.1)	8 (88.8)
Referral for utility assistance	4 (44.4)	5 (55.5)
Referral for food assistance	5 (55.5)	4 (44.4)
Winter Wishes Program	8 (88.8)	1 (11.1)
After school program at Marsh	7 (77.7)	2 (22.2)
Furniture Bank	1 (11.1)	8 (88.8)
Other: • Food given out by AmeriCorps	1 (11.1)	N/A

Comments and Suggestions

The questionnaire concluded with two open-ended questions available for all respondents to answer (regardless if they were aware of Homeport's services). Out of the 21 participants, 9 (42.9%) answered the first question, which asked, "What other services would you recommend could be useful to you and your family? Please list." The remaining 11 participants (52.4%) did not answer the question. The overriding theme among most of the responses was more structured programs and services to engage the youth population at Marsh. Two respondents specifically requested youth services for teenagers and special needs children. Following, youth engagement, the second most requested service was lower rent. This may correlate to residents being unaware of rental and utility assistance referrals Homeport provides. Single mothers are often extremely economically burdened and even though rent at Marsh Run is subsidized, it is clear residents are still struggling financially.

The next and final question of the survey asked respondents, "What additional suggestions/comments do you have to improve your quality of life at Marsh? Four of the 21 participants (19.0%) answered this question. The common theme among almost all respondents was a need for more communication between residents at Marsh and between residents and the property management. Homeport hires out a third party property management company, Wallick Properties to work onsite at Marsh 40 hours a week. Property managers interact with the residents on a daily basis to collect rent and deal with resident and maintenance issues. Miscommunication and lack of respect were among the most reported issues at Marsh, followed closely by safety and security in the neighborhood. Communication among property management and residence would potentially improve community building thus reducing crime and uneasiness at Marsh.

Chapter5: Conclusions and Discussion

Personal Characteristics and General Life Satisfaction

This study aimed to identify which QOL indicators influence a low-income single mothers perceived life satisfaction and housing and neighborhood stress. Findings indicate the only personal characteristics correlated to life satisfaction were respondents' level of education, age of youngest child and total number of people permanently living in the home. It is not surprising that a mother's level of education was correlated to her perceived general life satisfaction. Education is directly linked with an individual's self-efficacy and self-worth, emotional well-being, social support and capability (or perceived capability) to change their life circumstances. The participants of this study were low-income single mothers, while we do not know the age of the mother at the time of her first birth; existing literature reveals teenage pregnancy and birth as a major barrier to educational attainment. Continuing education post-birth is also a barrier for young single mothers without spousal support and financial resources.

Participants in this study who reported the age of their youngest child as 2 years or younger tend also report higher levels of satisfaction with life. Having infants below the age of two can be time-consuming and expensive, but they can also be a source of emotional well-being. Dependent children can provide unconditional love and sense of belonging to woman who may not receive this affection in other areas of their lives. Single mothers parenting adolescent or teenage youth may experience added stress at home. Interestingly, the most commonly requested suggestion to improve Homeport services was an increase in structured programming for youth.

The total number of people permanently living the home positively correlated to mothers' perceived life satisfaction. There is an obvious limitation here because the study did not ask respondents to identify other individuals, aside from children, permanently living in their home. The preliminary question to the study screened for mother's cohabitating with a male or female partners, therefore if other individuals reside in the home we can conclude it is not a partner taking on a spousal role. This finding indicates that mothers feel more satisfaction with life when there are more people surrounding them on a daily basis. This means mothers who have multiple people living with them encounter social interaction with more individuals, compared to mothers who live with few people. This finding also indicates mothers living with larger amounts of people have more opportunities for guidance and assistance (even if it is from a child).

Psychosocial, Health and Economic Variables and General Life Satisfaction

General life satisfaction was found to be highly correlated with the three measures of mental health, i.e., stress, number of days mental health was not good in the past 30 days and number of days mental health prevented daily routine in the past 30 days. This finding is consistent with existing literature linking poor mental health status to lower perceived life satisfaction or QOL. This finding is also consistent with literature suggesting single mothers experience high rates of stress and depression, most likely due to role conflict as primary financial and childcare providers (Crosier, Butterworth & Rodgers, 2007). The findings in this study support mental health as a predictor of general life satisfaction.

Social support was also correlated to all three measures of mental health and to financial strain and subjective well-being. Mothers who reported lower levels of social support were more likely

to experience problems with mental health, financial strain and subjective well-being. This finding is consistent with existing literature suggesting the significant role of social support in a single mother's life and the correlation between social support and perceived life satisfaction (Mandara, et. al, 2008).

Housing and Neighborhood Condition and General Life Satisfaction

Out of the three dimensions of housing and neighborhood condition, i.e., H1Infestation, H2Neighborhood and H3Condition, only H3Condition was found to be significantly correlated to general life satisfaction. This finding suggests the condition of a mother's home is more of a predictor of her perceived general life satisfaction than infestation in her home or her neighborhood. Surprisingly, majority of the sample reported experiencing stress related to the neighborhood they live in, but neighborhood stress was not found to influence the respondents perceived life satisfaction.

Age, Education, Income and Housing and Neighborhood Stress

The correlation between all three dimensions of housing and neighborhood stress (H1, H2, and H3) with age and education interestingly found no significant correlation. Existing literature suggests that level of education is positively correlated to higher sense of control and self-efficacy (Demo & Acock, 1996). Despite previous findings, this study found a mother's level of education has no influence over her stress in regards to housing and neighborhood condition. The findings suggest age and education are not predictors of single mothers perception of their housing and neighborhood condition. The relationship between housing and neighborhood stress and annual household income was found to be significant between H1Infestation and income. This finding suggests income is a predictor influencing a mothers perception of the infestation in

her home, however it is not a predictor influencing a mothers perception of her neighborhood and home condition.

Mental Health, Social Support and Financial Strain and Housing and Neighborhood Stress

Despite the correlation between mental health and general life satisfaction, there was no significant relationship found between mental health and housing and neighborhood stress. This finding suggests mental health is not an indicator of how a mother perceives her housing and neighborhood condition. The correlation between social support and financial strain and H3Condition was found to be significant. Mothers with lower social support and worse financial strain found more stress related to their housing condition. This finding is congruent with existing literature suggesting single mothers have less social support and financial resources than their married counterpart (Crosier, Butterworth and Rodgers, 2007; Mandara, et. al, 2008). Less people to count on or assist with housing problem and lack of money leaves a single mother with little means to improve the condition of her home. This finding suggests social support and financial status are predictors on how a single mother perceives her housing condition. There was no relationship found between H1Infestation and H2Neighborhood and social support and financial strain. These finding concludes social support and financial status are not a predictors influencing a single mother's stress in regards to infestation in her home or her neighborhood condition.

Chapter6: Implications and Limitations

6.1 Implications for Practice

The findings in this study have implications for Homeport and all affordable housing agencies providing supportive services to residents. Mental health issues in single mothers are directly related to general life satisfaction and perceived social support. Conducting mental health screenings and linking residents to outreach services through supportive service coordination can potentially improve the quality of life of single mothers in affordable housing. Implementing stress-management training and services may additionally improve the mental health status of single mother residents. Findings suggest there is a need for improving social support among residents, therefore engaging the community and community building is recommended. Education was another variable found to impact a single mother's perceived life satisfaction. Improving access to educational resources to advance education levels of residents could potentially increase their economic and social power thus improving their life satisfaction. Lastly, the most recommended service needed in the Marsh Run community was more structured programs for the youth and teenagers. Providing resources and activities for older children could have significant implications for decreasing stress among single mothers and improving the neighborhood.

6.2 Implications for Policy

Existing literature and this study's findings suggest social policies should focus on improving recipients' quality of life. Including improved quality of life, as a desired outcome for social programs and policies would potentially lead to better mental and physical health and economic condition consequently decreasing reliance on social programs. Additionally, existing literature

on welfare reform suggests reducing poverty should be the focal point of policies to not only improve the economic state, but also the quality of life of single mothers and their children (Cook, Davis, Smyth, et. al, 2009).

6.3 Limitations & Suggestions for Future Research

The biggest challenge in this study was obtaining an adequate sample size. Prior to the start of data collection there was a miscommunication in the number of single mothers residents predicted to live in Marsh Run (98%) and the reality of that number (~70%). This discrepancy affected the number of eligible participants and consequently the sample size. Lower participation rates can be associated to general mistrust of the system and lack of socialization in research surveys of the sample population. Data collection solely by the student was also not conducive to gaining access to respondents in a timely manner. Having co-interviewers or starting interviews earlier would have potentially improved the chances of obtaining more participants. Additionally the sample size and cross-sectional design of the study contribute to limited generalizability of the findings and limited the used of various statistical analysis methods.

Future studies examining the quality of life of single mothers in affordable housing should include measures like hassle scales, which are a better measure of daily stressors, relationship with neighbors, reasons for unemployment and physical measures. Furthermore there is a need for more longitudinal studies examining the benefits of using QOL as a determinant in improving social policies.

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RESEARCH PARTICIPANTS NEEDED

Are You a Single Mother Living in Marsh Run?

- PURPOSE:** We are interested in learning more about your quality of life as a single mother.
- ELIGIBILITY:** You will be eligible if you are unmarried, non-cohabitating with a male or female partner and have at least one child under 18 years of age living with you.
- BENEFITS:** You can help The Ohio State University and Homeport in understanding the challenges and opportunities of being a single mother. This information will help improve supportive services for residents.
- COMPENSATION:** You will be entered in a drawing for one of four \$25 gift cards to Kroger.
- TIME & COMMITMENT:** Interviews will begin January 7th in the Marsh Run rental office. Interviews will take approximately 15-20 minutes.
- CONTACT:** Nikki Carbonari at 847-810-9575 if you are interested in scheduling an interview or have questions about the study.

Appendix B
: Survey Instrument

SCREENING QUESTION: We are interested in learning more about the quality of life of single mothers. A single mother is someone who is not married, not living with a male or female partner and has at least one child under the age of 18 living in the home. Are you a single mother?

____ **YES** (you can answer the rest of the questions for us if you are willing to do so. Your participation is voluntary and information provided will be kept confidential)

____ **NO** (thank you for volunteering to complete the survey)

A. Background: we would like to know a little bit about you to help understand the overall background of the people who took this survey.

1) How old are you? _____ years old

2) Which of the following Race/Ethnicity do you consider yourself to be? (Check one):

____ White Non-Hispanic

____ Hispanic

____ Black Non-Hispanic

____ Somali

____ Asian

Other: please specify a Race/Ethnicity not included above _____

3a.) How many children do you have? _____

3b.) What is the age of your youngest child? _____

3c.) How many children live with you? _____

3d.) How many children live with others (spouse, relatives, foster parents, etc) _____

What are some of the reasons for your children under 18 not living with you?

4) What is the highest level of education you have completed?

- _____ Less than 8th grade
_____ High school incomplete
_____ High School Diploma or completed GED
_____ Some college (1-3 years – associate degree)
_____ Bachelor's degree (BA/BS)
_____ Master's degree or more

_____ Have post high school training in _____

Are you currently employed? **YES** or **NO**

If YES, how many hours a week do you work? _____ # of hours/week

Approximately, what is your annual household Income?

- _____ Less than \$5,000
_____ \$5,001-\$10,000
_____ \$10,001-\$15,000
_____ \$15,001-\$20,000
_____ \$20,001-\$25,000
_____ More than \$25,000

Do you have a Section 8 voucher? _____YES _____NO

How long have you lived at Marsh Run? _____Months

Total number of years you have lived in affordable housing including Marsh? _____Years

Total number of people including your children who permanently live with you? _____

How many bedrooms do you have in your current home? _____

Part B:

The next few questions are about issues and problems related to housing that people normally face when living in affordable housing. We would like to understand the source of stress for residents who live in these subsidized homes. Please answer the following statements to the best of your ability. There are no right or wrong answers. Based on your experience how would you rate the level of stress you feel for each scenario. Your response can range from 1 to 7, 1 means you feel “no stress at all” to 7 means you feel stress “to a great extent.” (Please circle your answer).

Level of stress you experience related to..	<i>Not at all</i>				<i>To a great extent</i>		
a. The neighborhood that you live in	1	2	3	4	5	6	7
b. The condition of your home	1	2	3	4	5	6	7
c. The number of bedrooms that you have	1	2	3	4	5	6	7
d. Heating your home when it is cold	1	2	3	4	5	6	7
e. Cooling your home when it is hot	1	2	3	4	5	6	7
f. The plumbing in your home	1	2	3	4	5	6	7
g. Rodents in your home	1	2	3	4	5	6	7
h. Roaches in your home	1	2	3	4	5	6	7
i. Bed bugs in your home	1	2	3	4	5	6	7
j. Security in your community	1	2	3	4	5	6	7
k. Crime in your community	1	2	3	4	5	6	7

In the past 6 months, to what extent have you experienced any of the listed problems below on a scale of 1 (no problem at all) to 7 experienced the problem (to a great extent).

<i>In the past 6 months, I found my myself...</i>	<i>Not at all</i>				<i>To a great extent</i>		
a. having problem sleeping	1	2	3	4	5	6	7
b. feeling sad	1	2	3	4	5	6	7
c. being nervous	1	2	3	4	5	6	7
d. being depressed	1	2	3	4	5	6	7
e. being worried	1	2	3	4	5	6	7
f. feeling helpless	1	2	3	4	5	6	7

1. In general, do you consider your health to be excellent, very good, good, fair or poor? Please Circle.

1= Excellent 2= Very Good 3=Good 4=Fair 5=Poor

2. Is your health better now, about the same or worse than it was five years ago?

0 = worse 1= about the same 2= better

3. Compared to other people your age, would you say your health has been much better, better, about the same, worse or much worse over the past year?

1 = much better 2 = better 3 = about the same 4 = worse 5 = much worse

4. How many days during the past 30 days was your **physical** health not good?

_____ Number of days not well

5. How many days during the past 30 days was your **mental** health not good?

_____ Number of days not well

6. During the past 30 days, for about how many days did poor physical keep you from doing your usual activities, such as self-care, work, or recreation?

_____ Number of days not well

6a. During the past 30 days, for about how many days did poor mental health keep you from doing your usual activities, such as self-care, work, or recreation?

_____ Number of days not well

The next few questions are about the kinds of support we get from our family and friends. We want to know the extent to which you agree or disagree with the type of help you get from your family and friends. Again there are no right and wrong answers, please answer the following statements to the best of your ability. Rate your feelings toward each statement ranging from 1= strongly agree to 4 = strongly disagree (circle your response).

Social Support

Strongly Agree Agree Disagree Strongly Disagree

1. If something went wrong, no one would help me.

1 2 3 4

2. I have family and friends who help me feel safe,
secure and happy.

1 2 3 4

3. There is someone I trust whom I could turn to for
advice if I were having problems.

1 2 3 4

- | | | | | |
|---|---|---|---|---|
| 4. There is no one I feel comfortable talking about serious matters with. | 1 | 2 | 3 | 4 |
| 5. I lack a feeling of intimacy with another person | 1 | 2 | 3 | 4 |
| 6. There are people I can count on in an emergency | 1 | 2 | 3 | 4 |

Financial Stress

Next, indicate the extent to which you are able to meet your financially needs (please circle your response).

- | | | |
|--|----------|----------|
| 1. Sometimes we don't have enough money for our food and daily living expenses | T | F |
| 2. I have accessed a food bank within the last 12 months. | T | F |
| 3. There have been times when I could not pay all the bills | T | F |

General Life Satisfaction

Please tell us how you would rate your general satisfaction with life. Tell us whether you agree or disagree with each of the following statements. 1= strongly disagree to strongly agree (circle your response).

- | | <i>Strongly Disagree</i> | <i>Disagree</i> | <i>Agree</i> | <i>Strongly Agree</i> |
|--|--------------------------|-----------------|--------------|-----------------------|
| 1. In most ways my life is close to my ideal. | 1 | 2 | 3 | 4 |
| 2. The conditions of my life are excellent. | 1 | 2 | 3 | 4 |
| 3. I am satisfied with my life. | 1 | 2 | 3 | 4 |
| 4. So far I have gotten the important things I want in life. | 1 | 2 | 3 | 4 |
| 5. If I could live my life over, I would change nothing | 1 | 2 | 3 | 4 |

To help residents the management, Homeport provides a number of services. We would like to know whether you have used any of these services. Please answer the following questions based on your experiences with using Homeport services.

1. Are you aware Homeport provides services (such as, referral for late rent or utility assistance, after-school programming, winter wishes program, etc.) to help residents?
 _____ **Yes** _____ **No**

If you circled YES, to the above question please tell what specific services you have used and how helpful were those services. First, please check all the services you have used below by circling Yes and No. Then

rate how helpful it was on a scale of 1 (not help at all) to 3 (very helpful) for each service you used. If you haven't used the service circle No.

<i>Have you accessed these services?</i>			<i>How helpful were these services?</i>		
	<i>Yes</i>	<i>No</i>	<i>No help at all</i>	<i>Somewhat helpful</i>	<i>Very helpful</i>
Referral for late rent assistance	Yes	No	1	2	3
Referral for utility assistance	Yes	No	1	2	3
Referral for food assistance	Yes	No	1	2	3
Winter Wishes program	Yes	No	1	2	3
After school program at Marsh	Yes	No	1	2	3
Furniture bank	Yes	No	1	2	3
Other (specify): _____			1	2	3

What other services would you recommend that could be useful to you and your family? Please list:

What additional suggestions/comments do you have to improve your quality of life at Marsh?
